2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 A Secretary of State DOCUMENT # P0000040806 SEL PLANTATION DEVELOPMENT NO. 3, INC. Mailing Address Principal Place of Business 3718 SANDSPOR LA **POST OFFICE BOX 943** NOKOMIS, FL 34275 OSPREY, FL 34229-0943 US 01312007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1003509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LATTMANN, STEPHEN E DO NOT WRITE 3718 SANDSPUR LA NOKOMIS, FL 34275 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS MR TITLE NAME LATTMANN, STEPHEN E STREET ADDRESS 3718 SANDSPUR LA NOKOMIS, FL 34275 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000648801 CITY-S1-ZIP 03/07/07-80023-022 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an appears in block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP